

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 143P
Registered No. 367

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 4023 Highland Ave.

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Soria

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other.....

6. Legitimate? yes

7. Date

of birth May 4-1930
Month Day Year

5. No., in order of birth.....

8. FATHER

Full name

Jose Soria

9. Residence (Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Mex.

13. Occupation

Nature of Industry

Smelter

14. MOTHER

Full maiden name

Aurelia Gamboa

15. Residence (Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex

17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country)

Anthony New Mex

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother.....

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living.....

(b) Born alive but now dead.....

(c) Stillborn.....

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11-55 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Cyril M. Brown

(Physician or midwife)

Given name added from a supplemental report.....

Month, day, year

Address

Miami, Arizona

Registrar

Filed

June 12 1930

C. E. Brown

Registrar

121-504-171